Under the Paperyork Reduction Act of	1995, no person are required :	g respond to a pollectio				control number	
Effective on 12/08	Complete if Known						
Fees pursuant to the Consolidated Approp	7 10 prices 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			049,995-Conf. #4521			
FEE TRANS	Filing Date			2002			
For FY 2007		First Named Inventor Jun SAITO					
FULL 1 2007		Examiner Name C. I. Boy		I. Boyer			
Applicant claims small entity status. See 37 CFR 1 27		Art Unit 1751					
TOTAL AMOUNT OF PAYMENT	TAL AMOUNT OF PAYMENT (\$) 950.00		Attorney Docket No. 1422-0519P				
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card	Money Order N	ione Other (	please identify:				
X Deposit Account Deposit Account	Number: 02-2448	Deposit	Account Name.	Birch, Stewa	art, Kolasc	h & Birch,	
For the above identified dep	osit account, the Director	is hereby authorize	ed to: (check	all that apply)			
x Charge fee(s) indicate	d below	Charg	e fee(s) indi	cated below, e	xcept for ti	he filing fee	
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayments .16 and 1 17	of x Credit	any overpay	ments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES						
F		EARCH FEES	EXAMIN/	ATION FEES	;		
Application Type Fee (	Small Entity Fee (S) Fee	(S) Small Entity	Fee (\$)	Small Entity Fee (\$)	Fees E	Paid (\$)	
Utility 300	150 50		200	100	4.4.6		
Design 200		0 50	130	65			
Plant 200			160	80	***************************************		
Reissue 300			600	300			
71472.00	700	0 2.50	0	0			
41010101MI	100	0	Ü			Small Entity	
2, EXCESS CLAIM FEES					Fee (\$)	Fee (\$)	
Fee Description Each claim over 20 (including Reis-	sues)				50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims Extra Claims	Fee (5) Fee	Paid (\$)	Mu	tiple Depend	ent Claims		
	x =	Fee		(\$) Fee Paid (\$)			
HP < highest number of total claves paid for			*********		***************************************		
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)					
HP = Nighest number of independent class	s paid for, if greater than 3.						
APPLICATION SIZE FEE     If the specification and drawings e     itsings under 37 CFR 1.52(e)),     sheets or fraction thereof. See	the application size fee:	due is \$250 (\$125)	onically file for small em	d sequence or ity) for each s	computer additional 5	0	
Total Sheets Extra Shee	ts Number of each	additional 50 or fra		Fee (\$)	Fee	Paid (\$)	
· 100 =	/60 =	(round up to a whi	ole number) x		#	D-/1.00	
4. OTHER FEE(S)					Fees	Paid (\$)	
Non-English Specification, \$13	1401 Notice of appe	scount)			50	00.00	
Other (e.g., late filing surcharge): 1401 Notice of appeal 1252 Extension for response within second month						50.00	
SUBMITTED BY	-0.						
Signature Signature	N 3	Registration No (Adomey/Agont)	32,881	Telephone	eleptone (703) 205-8000		
Name (Prestype) John W. Bailey				Date	August 23, 2007		
				***************************************			